

OFFICE USE

Initial Application Date \_\_\_\_\_

Application Completed \_\_\_\_\_

Application/Permit # \_\_\_\_\_

**CITY OF ASHEVILLE SINGLE FAMILY PERMIT APPLICATION**

DEVELOPMENT SERVICES CENTER 161 S. CHARLOTTE ST. ROOM A101 PO BOX 7148 ASHEVILLE, NC 28802  
(828) 259-5846 WWW.ASHEVILLENC.GOV

PLEASE PRINT CLEARLY AND CHECK CORRESPONDING BOXES FOR EACH PERMIT FOR THIS PROJECT.

**PROJECT LOCATION**

Number \_\_\_\_\_ Direction \_\_\_\_\_ Street Name \_\_\_\_\_

Lot # \_\_\_\_\_ PIN# \_\_\_\_\_ Area of Town (circle) 1 2 3 4 5 New Owner ☐ YES ☐ NO

Property Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Directions \_\_\_\_\_

**BUILDING PERMIT** ☐ (3 sets of construction plans including survey or site plan in each set)

**Project Information (circle):**

New Addition Remodel Repairs Reroof Moving Housing Code Report Repairs

Demolition ☐ Interior ☐ Entire Building ☐ Structural ☐ Non-Structural

Property Description (circle) Single Family Unit Duplex Single Family Unit W/ Accessory Apt

Construction (circle) Site Built Modular Mobile Home (Year \_\_\_\_\_ Size \_\_\_\_\_) # of Stories \_\_\_\_\_

Foundation Type (circle) Basement Crawlspace Slab on Grade Basement Finished ☐ YES ☐ NO

# of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ # of Fireplaces \_\_\_\_\_ Heating Source (circle) Electrical Gas

Sq. ft. Heated Space \_\_\_\_\_ + Sq. ft. Unheated Basement, Garage, etc. \_\_\_\_\_ = Total Sq. ft. \_\_\_\_\_

Sq. ft. of Carports, Decks, etc. \_\_\_\_\_ Sq. ft. of Renovation/Additions \_\_\_\_\_

Description of Work \_\_\_\_\_

**ZONING PERMIT** ☐ (2 copies of survey or site plan)

Attach Survey or Site plan with Property Boundaries, Label Streets, Easements, Sidewalks or Right-of-Ways, Setbacks with Distances from Proposed Buildings to Property Lines and Distances Between Buildings and Scale (Example 1 inch = 10ft and 1 inch = 50 ft)

**DRIVEWAY PERMIT** ☐ (1copy of survey or site plan)

Width of Driveway \_\_\_\_\_

Type of Drive Apron to be Constructed in Right-of-Way

(circle) ASPHALT CONCRETE

Attach Site Plan showing proposed driveway location. Single-family residential driveways shall be between 12' and 18' wide, exclusive of corner radii. Standard Detail 3.15 shall be used for all driveways. Concrete aprons are required on all streets with curb or sidewalk. Asphalt is permitted for single-family residential driveways where no curb exists or is proposed. Driveway may transition to other materials 10' beyond the right-of-way.

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Building Value \$ \_\_\_\_\_ Zoning District \_\_\_\_\_ Change of Use? ☐ YES ☐ NO Previous Use \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

Flood Plain ☐ \_\_\_\_\_ Overlay Zone \_\_\_\_\_ Lot Size \_\_\_\_\_ SQ FT/Acre

WNC AIR QUALITY Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

CONTINUE ON REVERSE SIDE

**GRADING PERMIT** ☐ (# of plans required, reference chart)**PLANS INCLUDE:**

Sketch Plan - 1 copy less than 10,000 sq ft disturbed  
Formal Plan - 3 copies when 10,000 sq ft but less than 1 acre  
4 copies when 1 acre and over is disturbed

Amount of Land to be Disturbed SQ. FT. \_\_\_\_\_ Acres \_\_\_\_\_  
Person Engaged in or  
Conducting the Land Name \_\_\_\_\_  
Disturbing Activity Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section 7-12-2 N – UNIFIED DEVELOPMENT ORDINANCE – STATEMENT OF FINANCIAL RESPONSIBILITY**

Erosion control plans may be disapproved unless accompanied by an authorized statement of financial responsibility and ownership. This statement shall be signed by the person financially responsible or his/her attorney. The statement shall include the mailing and street address of the principal place of business of the person financially responsible and of the owner of the land or their registered agents. If the person financially responsible is not a resident of North Carolina, a North Carolina agent must be designated in the statement for purpose of receiving notice of compliance or non-compliance with the North Carolina Sedimentation Pollution Control Act, the plan, this section, or rules adopted pursuant to this section.

THE UNDERSIGNED STATES THAT HE/SHE IS THE PERSON FINANCIALLY RESPONSIBLE FOR THE LAND DISTURBING ACTIVITY DESCRIBED IN THE ABOVE APPLICATION FOR GRADING PERMITS:

NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_  
BY (IF ATTORNEY IN FACT) \_\_\_\_\_

Permits Requested		Contractor Business Name	State License #	Cost of Work	Permit Fees
<input type="checkbox"/>	Building			\$	\$
<input type="checkbox"/>	Electrical			\$	\$
<input type="checkbox"/>	Mechanical			\$	\$
<input type="checkbox"/>	Plumbing			\$	\$
<input type="checkbox"/>	Gas Piping			\$	\$
<input type="checkbox"/>	Other			\$	\$
			Total Project Cost	\$	\$
				Recovery Fund	\$
				Zoning	\$
				Grading	\$
				Driveway	\$
				Total Fee	\$

\_\_\_\_\_  
Owner/Agent Signature\_\_\_\_\_  
Address\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Print Name Phone or Cell Fax# E-Mail  
(Circle) Contractor Agent of Contractor Owner Agent of Owner Architect Engineer Other  
If Questions Arise During This Review, Whom Should We Contact:

\_\_\_\_\_  
Print Name Phone or Cell Fax# E-Mail  
I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations.

The Development Services Center will be notified of any changes in the approved plans and specifications for the project permitted herein.

\_\_\_\_\_  
Signature of General Contractor or Authorized Agent\_\_\_\_\_  
Address\_\_\_\_\_  
City/State/Zip\_\_\_\_\_  
Print Name\_\_\_\_\_  
Phone or Cell\_\_\_\_\_  
Fax#\_\_\_\_\_  
E-Mail